Massachusetts CHILD AND ADOLESCENT NEEDS AND STRENGTHS ***Ages Five through Twenty***

Child Name: _____

Organization Name _____ ***Other:***_____

MassHealth ID: | | | | | | | | | | | | |

Name (Last, First) _____ DOB (mm/dd/yyyy) _____ Gender M ☐ F ☐ O ☐

RACE: Check up to three races that the client identifies as

White	☐	Black or African American	☐	Native Hawaiian or other Pacific Islander	☐
American Indian/Alaska Native (Wampanoag)	☐	Hispanic/Latino/Black	☐	Chooses not to Self-Identify	☐
American Indian/Alaska Native (Other Tribal Nation)	☐	Hispanic/Latino/White	☐	Other	☐
Asian	☐	Hispanic/Latino/other	☐		

ETHNICITY: Check up to three ethnicities that the client identifies as

American	☐	French	☐	Other – Asian	☐
Afghan	☐	French Canadian	☐	Other – Caribbean	☐
African American	☐	German	☐	Other – European	☐
Albanian	☐	Ghanian	☐	Other – Latin America	☐
Arab	☐	Greek	☐	Pakistani	☐
Argentinean	☐	Guatemalan	☐	Panamanian	☐
Armenian	☐	Haitian	☐	Peruvian	☐
Asian Indian	☐	Hmong	☐	Polish	☐
Austrian	☐	Honduran	☐	Portuguese	☐
Belgian	☐	Hungarian	☐	Puerto Rican	☐
Bhutanese	☐	Indonesian	☐	Romanian	☐
Brazilian	☐	Iranian	☐	Russian	☐
British	☐	Iraqi	☐	Salvadoran	☐
Bulgarian	☐	Irish	☐	Scandinavian	☐
Cambodian	☐	Israeli	☐	Scottish	☐
Canadian	☐	Italian	☐	Scottish Irish	☐
Cape Verdean	☐	Jamaican	☐	Sierra Leonean	☐
Chilean	☐	Japanese	☐	Somalian	☐
Chinese	☐	Kenyan	☐	Sudanese	☐
Columbian	☐	Korean	☐	Swedish	☐
Costa Rican	☐	Laotian	☐	Swiss	☐
Cuban	☐	Latvian	☐	Syrian	☐
Czech	☐	Lebanese	☐	Thai	☐
Danish	☐	Liberian	☐	Turkish	☐
Dominican	☐	Lithuanian	☐	Ugandan	☐
Dutch	☐	Mexican	☐	Ukrainian	☐
Ecuadorian	☐	Moldovian	☐	Venezuelan	☐
Egyptian	☐	Moroccan	☐	Vietnamese	☐
English	☐	Myanmar/Burmese	☐	Welsh	☐
Ethiopian	☐	Nigerian	☐	West Indian	☐
Filipino	☐	Norwegian	☐	Chooses not to self-identify	☐
Finnish	☐	Other – African	☐	Other	☐

Child Name: _____

Organization Name _____ ***Other:***_____

PRIMARY LANGUAGE: Identify one from the list below

_____

LANGUAGE at HOME: Identify one from the list below

_____

English	Farsi/Iranian/Persian	Japanese	Spanish
Albanian	Finnish	Khmer/Cambodian	Tagalog/Filipino
American Sign Language	French	Korean	Tamil
Amharic	German	Lao	Thai
Arabic	Greek	Mandarin	Tigrigna
Armenian	Haitian Creole	Polish	Turkish
Bosnian	Hebrew	Portuguese	Urdu
Cantonese	Hindi	Russian	Vietnamese
Cape Verdean	Ibo/Igbo	Serbian-Croatian	Yiddish
Chinese	Italian	Somali	Unknown
			Other

REFERRED by: Check one from the list below

Inpatient Behavioral Health Unit	☐	DYS	☐	Clergy	☐
Emergency Services provider	☐	Court	☐	Managed Care Company	☐
CBAT	☐	School	☐	Other behavioral health provider	☐
DMH	☐	Primary Care Provider	☐	Other	☐
DDS	☐	Family member	☐		
DCF	☐	Friend	☐		

Child Name: _____

Organization Name _____ ***Other:***_____

Identifying Children /Adolescents with Serious Emotional Disturbances[1]

Serious Emotional Disturbance (SED) is a term that encompasses one or more mental illnesses or conditions. Whether a member has a SED can be determined by applying either Part I or Part II, below, or both. Identifying a child as having SED is one step in the determination of medical necessity for Intensive Care Coordination. In addition, MassHealth will be tracking SED determinations to guide service system improvements for children and families. Accurate identification of children with SED will help MassHealth improve services for this population in the future.

A child may have a SED under Part I or Part II or both[2]. All criteria in part 1 and part 2 must be considered and ruled in or out.

Part I:

Please answer the following questions according to your current knowledge of the child or adolescent:

1. Does the child currently have, or at any time in the last 12 months has had, a diagnosable DSM-IV or ICD-10 disorder(s)? Developmental disorders, substance abuse disorders or V-codes are not included unless they co-occur with another DSM-IV or ICD-10 diagnosis.

   ☐ Yes ☐ No

2. If yes to question 1, please indicate whether those diagnoses resulted in functional impairment which substantially interferes with, or limits, the child's role or functioning in any of the following areas. (Functional impairment is defined as difficulties which substantially interfere with or limit his or her ability to achieve or maintain one or more developmentally appropriate social, behavioral, cognitive, communicative, or adaptive skills. Functional impairments of episodic, recurrent, and continuous duration are included unless they are temporary and expected responses to stressful events in the environment)

   ☐ Family ☐ School ☐ Community activities ☐ No functional impairment as defined

3. If yes to question 1, and you checked "no functional impairment as defined" in question 2: Would the child have met one or more of the functional impairment criteria in question 2 without the benefit of treatment? (Children who would have met functional impairment criteria during the year without the benefit of treatment or other support services are included.)

   ☐ Yes ☐ No

Part II:

4. Please indicate if the child has exhibited any of the following over a long period of time and to a marked degree that adversely affects the child's educational performance:

   (a) An inability to learn, that cannot be explained due to intellectual, sensory, or health factors.
   ☐ Yes ☐ No

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1 SED = "Serious emotional disturbance"

2 The determination that a child meets these clinical criteria is not an evaluation under federal and state laws addressing special education.

Child Name: _____

Organization Name _____ ***Other:***_____

If yes to (a), is this solely the result of autism, mental retardation, specific learning disability, hearing impairment, visual impairment, deaf-blindness, speech or language impairment, orthopedic impairment, traumatic brain injury, other health impairment, or multiple disabilities not including a serious emotional disturbance? ☐ Yes ☐ No

(b) An inability to build or maintain satisfactory interpersonal relationships with peers and teachers. ☐ Yes ☐ No

If yes to (b), is this solely the result of autism, mental retardation, specific learning disability, hearing impairment, visual impairment, deaf-blindness, speech or language impairment, orthopedic impairment, traumatic brain injury, other health impairment, or multiple disabilities not including a serious emotional disturbance? ☐ Yes ☐ No

(c) Inappropriate types of behavior or feelings under normal circumstances. ☐ Yes ☐ No

If yes to (c), is this solely the result of autism, mental retardation, specific learning disability, hearing impairment, visual impairment, deaf-blindness, speech or language impairment, orthopedic impairment, traumatic brain injury, other health impairment, or multiple disabilities not including a serious emotional disturbance? ☐ Yes ☐ No

(d) A general pervasive mood of unhappiness or depression. ☐ Yes ☐ No

If yes to (d), is this solely the result of autism, mental retardation, specific learning disability, hearing impairment, visual impairment, deaf-blindness, speech or language impairment, orthopedic impairment, traumatic brain injury, other health impairment, or multiple disabilities not including a serious emotional disturbance? ☐ Yes ☐ No

(e) A tendency to develop physical symptoms or fears associated with personal or school problems. ☐ Yes ☐ No

If yes to (e), is this solely the result of autism, mental retardation, specific learning disability, hearing impairment, visual impairment, deaf-blindness, speech or language impairment, orthopedic impairment, traumatic brain injury, other health impairment, or multiple disabilities not including a serious emotional disturbance? ☐Yes ☐ No

5. Please check this box if you identified a functional impairment in question 2 or answered "yes" to question 3→☐ **The child /adolescent has SED under Part I.**

6. Please check this box if you checked one or more "no" boxes in the right hand column of question 4 → ☐ **The child /adolescent has SED under Part II.**

Clinician name, degree (print): _____

Clinician signature: _____

Date: _____

Child Name: _____

Organization Name _____ ***Other:***_____

Massachusetts Child and Adolescent Needs and Strengths (CANS)

Needs Scale Key = *Please rate the highest level of need in the past 30 days (unless otherwise specified).*

0 = No evidence or no reason to believe that the rated item requires any action.
1 = A need for watchful waiting, monitoring or possibly prevention action.
2 = A need for action. Some strategy is needed to address the problem/need.
3 = A need for immediate or intensive action. This level indicates an immediate safety concern or a priority for intervention.

LIFE DOMAIN FUNCTIONING

	0	1	2	3		0	1	2	3
1. Family	☐	☐	☐	☐	7. Self Care	☐	☐	☐	☐
2. Social Functioning	☐	☐	☐	☐	8. Community	☐	☐	☐	☐
3. Medical/Physical	☐	☐	☐	☐	9. School Behavior	☐	☐	☐	☐
4. Developmental Delay	☐	☐	☐	☐	10. School Achievement	☐	☐	☐	☐
5. Learning Disability	☐	☐	☐	☐	11. School Attendance	☐	☐	☐	☐
6. Sexuality	☐	☐	☐	☐					

12. Comments on LIFE DOMAIN FUNCTIONING

CHILD BEHAVIORAL/EMOTIONAL NEEDS

	0	1	2	3		0	1	2	3
13. Psychosis	☐	☐	☐	☐	18. Conduct	☐	☐	☐	☐
14. Hyperactivity/Impulsivity	☐	☐	☐	☐	19. Adjustment to Trauma	☐	☐	☐	☐
15. Depression	☐	☐	☐	☐	20. Emotional Control	☐	☐	☐	☐
16. Anxiety	☐	☐	☐	☐	21. Substance Use	☐	☐	☐	☐
17. Oppositional	☐	☐	☐	☐	22. Eating Disturbance	☐	☐	☐	☐

23. Comments on CHILD BEHAVIORAL/EMOTIONAL NEEDS

Child Name: _____

Organization Name _____ ***Other:***_____

CHILD RISK BEHAVIORS

	0	1	2	3		0	1	2	3
24. Suicide Risk	☐	☐	☐	☐	30. Delinquent Behavior	☐	☐	☐	☐
25. Self Mutilation	☐	☐	☐	☐	31. Judgment	☐	☐	☐	☐
26. Other Self Harm	☐	☐	☐	☐	32. Fire Setting	☐	☐	☐	☐
27. Danger to Others	☐	☐	☐	☐	33. Sanction Seeking Behavior	☐	☐	☐	☐
28. Sexual Aggression	☐	☐	☐	☐	34. Bullying	☐	☐	☐	☐
29. Runaway	☐	☐	☐	☐	35. Exploited	☐	☐	☐	☐

36. Comments on CHILD RISK BEHAVIORS

CULTURAL CONSIDERATIONS

	0	1	2	3		0	1	2	3
37. Language	☐	☐	☐	☐	41.Youth/Family Relationship to System	☐	☐	☐	☐
38. Discrimination/Bias	☐	☐	☐	☐	42. Agreement About Strengths and Needs	☐	☐	☐	☐
39. Cultural Identity	☐	☐	☐	☐					
40. Cultural Differences Within a Family	☐	☐	☐	☐					

43. Comments on CULTURAL CONSIDERATIONS

TRANSITITON TO ADULTHOOD (*Ages 14 ½ and older)*

	0	1	2	3	N/A		0	1	2	3	N/A
44. Independent Living	☐	☐	☐	☐	☐	48. Medication Adherence	☐	☐	☐	☐	☐
45. Transportation	☐	☐	☐	☐	☐	49. Educational Attainment	☐	☐	☐	☐	☐
46. Personality Disorder	☐	☐	☐	☐	☐	50. Financial Resources	☐	☐	☐	☐	☐
47. Parenting Roles	☐	☐	☐	☐	☐						

Child Name: _____

Organization Name _____ ***Other:***_____

51. Comments on TRANSITION to ADULTHOOD

Strengths Scale Key = *Please rate the highest level of strength in the past 30 days (unless otherwise specified).*

0 = Significant strength or strength can be used as a centerpiece for strength-based treatment plan.
1 = Strengths exists or can be useful in treatment plan.
2 = Potential strength or requires significant strength building in order to be used in treatment plan.
3 = No strength identified at this time or efforts *may be* required to identify strengths in order to be used in treatment plan.

CHILD STRENGTHS

	0	1	2	3		0	1	2	3
52. Family	☐	☐	☐	☐	57. Talents/Interests	☐	☐	☐	☐
53. Interpersonal	☐	☐	☐	☐	58. Spiritual/Religious	☐	☐	☐	☐
54. Optimism	☐	☐	☐	☐	59. Community Connections	☐	☐	☐	☐
55. Educational System	☐	☐	☐	☐	60. Resiliency	☐	☐	☐	☐
56. Vocational	☐	☐	☐	☐					

61. Comments on CHILD STRENGTHS

Child Name: _____

Organization Name _____ ***Other:***_____

Needs Scale Key = *Please rate the highest level of need in the past 30 days (unless otherwise specified).*
0 = No evidence or no reason to believe that the rated item requires any action.
1 = A need for watchful waiting, monitoring or possibly prevention action.
2 = A need for action. Some strategy is needed to address the problem/need.
3 = A need for immediate or intensive action. This level indicates an immediate safety concern or a priority for intervention.
N/A = There is no caregiver.

CAREGIVER RESOURCES AND NEEDS

Caregiver(s) Name(s):

Caregiver(s) Relationship(s) to child:

	0	1	2	3	N/A
62. Medical/Physical	☐	☐	☐	☐	☐
63. Mental Health	☐	☐	☐	☐	☐
64. Substance Use	☐	☐	☐	☐	☐
65. Developmental Delay	☐	☐	☐	☐	☐
66. Family Stress	☐	☐	☐	☐	☐
67. Housing Stability	☐	☐	☐	☐	☐

	0	1	2	3	N/A
68. Supervision	☐	☐	☐	☐	☐
69. Involvement	☐	☐	☐	☐	☐
70. Organization	☐	☐	☐	☐	☐
71. Natural Supports	☐	☐	☐	☐	☐
72. Financial Resources	☐	☐	☐	☐	☐

73. Comments on CAREGIVER RESOURCES and NEEDS

DSM – IV DIAGNOSES:

74. AXIS I

75. AXIS II

76. AXIS III

77. AXIS IV

78. AXIS V

	0	1	2	3
79. Diagnostic Certainty	☐	☐	☐	☐
80. Prognosis	☐	☐	☐	☐

Child Name: _____

Organization Name _____ ***Other:***_____

81. Comments on DIAGNOSIS

SUMMARY:
82:

CLINICIAN
Clinician Name/Degree:
Clinician Signature:
Date:

☐	Complete	
☐	Incomplete but Final	
Reason:	☐ Client did not return	
	☐ Other:	